City of University City
Application for Employment

City of University City 6801 Delmar Blvd. University City, MO 63130
Ph. 314-862-6767 Fax -314-863-0921 www.ucitymo.org

Please complete all questions to be considered for employment.
Candidates must complete an application for each position for which they wish to be considered.

Name	Date of Application
Present Address	City, State, ZIP
Primary Phone	Alternate Phone
Email	Specific Position to which Applying

To the best of your knowledge, would you be able to perform all the essential functions of this position with or without reasonable accommodations? ☐ Yes ☐ No

Applicants requiring disability related accommodations for interviews should request them in advance.

AVAILABILITY

Work Days Available	Hours Available	Date Available

Will you work overtime if needed? ☐ Yes ☐ No

Have you applied for employment with us previously? ☐ Yes ☐ No Date/Position _____

Have you been employed by us before? ☐ Yes ☐ No If yes, when and reason for leaving?

_____

Do you have relatives employed by the City? ☐ Yes ☐ No

If yes, name and relationship. _____

Would you be engaged in any other business while in our employment? ☐ Yes ☐ No

If yes, in what capacity? _____

Are you a U.S. citizen, or can you demonstrate eligibility to work in the United States?* ☐ Yes ☐ No

Have you ever been convicted, pleaded guilty, or pleaded "No Contest" to a felony? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever been discharged or asked to resign by a former employer? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever been disciplined for tardiness or absenteeism by a former employer? ☐ Yes ☐ No

If yes, please explain: _____

Conviction of a crime will not necessarily disqualify an applicant from employment with the City of University City.

**The City of University City hires only United States citizens and lawfully authorized alien workers. Proof of citizenship or immigration status is required for employment. Any applicant who cannot present documentation for employment eligibility and identity cannot be hired.*

HISTORY OF EMPLOYMENT

List all positions held within the last fifteen years (including temporary, regular, and part-time) in date order, with the most recent position listed first. Include any verifiable work experience you may have performed on a volunteer basis and military service, if applicable. **NOTE:** Please fill in all blanks. It is acceptable to write "See Resume" in the block for "brief job description" only. Failure to complete the application in full could result in not being considered for employment.

May we contact your current employer? ☐ Yes ☐ No

MOST RECENT EMPLOYER

Company Name _____ Phone Number _____

Address _____

Starting Position _____ Ending Position _____

Dates: From _____ To _____ Salary: Beginning _____ Ending _____

Supervisor's Name and Title _____

Brief Job Description _____

Number of employees supervised _____ Reason for Leaving _____

Indicate if position was: ☐ Full-Time ☐ Part Time ☐ Temporary ☐ Seasonal

---

Company Name _____ Phone Number _____

Address _____

Starting Position _____ Ending Position _____

Dates: From _____ To _____ Salary: Beginning _____ Ending _____

Supervisor's Name and Title _____

Brief Job Description _____

Number of employees supervised _____ Reason for Leaving _____

Indicate if position was: ☐ Full-Time ☐ Part Time ☐ Temporary ☐ Seasonal

---

Company Name _____ Phone Number _____

Address _____

Starting Position _____ Ending Position _____

Dates: From _____ To _____ Salary: Beginning _____ Ending _____

Supervisor's Name and Title _____

Brief Job Description _____

Number of employees supervised _____ Reason for Leaving _____

Indicate if position was: ☐ Full-Time ☐ Part Time ☐ Temporary ☐ Seasonal

---

**If more space is required, attach full sheet and note your name and the position title to which applying on each sheet.*

If you were employed under a different name in any of these positions, please provide name and company.

_____

_____

Are you a Veteran of the U.S. Military Service ☐ Yes ☐ No Branch _____

Do you possess a valid driver's or chauffeur's license in the State of Missouri? ☐ Yes ☐ No

License number _____ Expiration Date _____

Drivers' License Class _____ Endorsements _____

Does your license have any restrictions? ☐ Yes ☐ No If so, what _____

EDUCATIONAL BACKGROUND

	Elementary	***High School***	***College/University***	***Graduate/ Professional***
School Name				
Yrs Completed (Circle)	**4 5 6 7 8**	**9 10 11 12**	**1 2 3 4**	**1 2 3 4**
Diploma/ Degree	N/A			
Course of Study	N/A			
TOTAL CREDIT HOURS	N/A			

Other training, education, certifications or apprenticeships:_____

_____

Indicate languages you speak, read and/or write in the boxes below by inserting the name of each language under the appropriate assessment of your skill level:

	FAIR	***GOOD***	***FLUENT***
SPEAK			
READ			
WRITE			

Do you participate in any professional, trade, business and/or civic activities or organizations? ☐ Yes ☐ No

If so, please list the organizations and any offices held _____

_____

List three (3) persons we may contact concerning your professional abilities and experiences – please do not include relatives unless they were your employers.

NAME	***POSITION***	***COMPANY/ADDRESS***	***TELEPHONE #***

How did you learn of this job with the City of University City? ☐ City Website ☐ Newspaper

☐ Ad ☐ Job Board ☐ Current/Former City Employee ☐ Friend ☐ Other _____

CERTIFICATION AND ACKNOWLEDGMENT OF UNDERSTANDING

Please read carefully before signing.

It is understood that the submission and consideration of this application is not an obligation on behalf of the City of University City to provide employment.

If employed by the City of University City, I understand and agree that such employment is subject to all City policies and procedures.

I hereby authorize the City of University City to investigate the information contained herein, and I hereby release all references, previous employers and educational institutions from damages resulting from providing such information.

I understand that the City of University City has adopted a Drug-Free Workplace/Workforce policy, and that, if employed, I will be subject to said policy's terms. I understand and agree that I may be required to submit to alcohol and/or drug testing either before or during employment at a facility or clinic selected and paid for by the City of University City and that should such test results show the presence of controlled substances or alcohol in violation of our policy, and/or illegal drug use, employment with the City of University City may be denied or terminated.

I agree to provide my eligibility to work as required by The Immigration Reform and Control Act of 1986. University City participates in E-Verify.

I understand this employment application and any other City documents are not contracts of employment, and that if hired I may voluntarily leave employment and may be terminated by the City at any time for any reason permissible by law.

I certify that any and all information contained in this application and the accompanying resume is correct and complete to the best of my knowledge and belief. I understand that providing false information is cause for rejection of this application or discharge if discovered after employment.

I agree that I have read and understand the above acknowledgements and agreements and recognize all of the above as conditions of employment.

Signature	**Date**

THE CITY OF UNIVERSITY CITY IS AN EQUAL OPPORTUNITY EMPLOYER. It is the policy of the City that all applicants for employment shall be given fair and equal consideration, regardless of race, religion, color, gender, age, sexual orientation, disability, veteran status or national origin, *except that minimum age limits imposed by law are to be observed.* If selected for employment a prospective employee must provide satisfactory references for the City and meet our applicable pre-employment qualifications.

For Office Use Only

File/Log Number _____

CITY OF UNIVERSITY CITY

Applicant Survey - Voluntary Disclosure

TO ALL APPLICANTS:

The following information is not used in hiring decisions, but the information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in the validation of our selection methods. This information is stored separately from your application.

INSTRUCTIONS: Place your numbered answer to each question in the box indicated by the arrow.

A. What sex are you? → ☐
1. Male
2. Female

B. Of what ethnic group do you consider yourself a member? → ☐
1. White
2. Black
3. American Indian or Alaskan Native
4. Hispanic
5. Asian or Pacific Islander
6. Other

C. Are you able to perform the essential functions of the position with or without a reasonable accommodation? → ☐
1. Yes
2. No

D. Are you a disabled or Vietnam Era veteran? → ☐
1. Yes
2. No

E. How did you learn about jobs at University City? → ☐
1. Walk in – no referral
2. Referral from one of our employees
3. Referral from Missouri State Employment Service
4. Responding to a newspaper ad
5. Website
6. Other

_____

Position for which you are now applying

_____

Date